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# Parents' Expectations About Participating in Antenatal Parenthood Education Classes

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## ABSTRACT

Our objective was to assess parents' expectations about participating in antenatal parenthood education classes and to determine whether their expectations might be related to gender, age, and educational level. Data from 1,117 women and 1,019 partners residing in three cities in Sweden were collected with a questionnaire in a cross-sectional study. Participants believed that antenatal education classes would help them to feel more secure as parents and to be better oriented toward childbirth. Men had more positive expectations about the childbirth than the women. The participants mostly wanted help in preparing for parenthood and in learning infant care skills, followed by help in preparing for childbirth. The participants' expectations were affected by gender, age, and educational level. The expectant parents appeared to want more focus on preparation for parenthood than on childbirth.

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Antenatal education is offered to expectant parents worldwide with the aim of providing them with strategies for dealing with childbirth and parenthood. These programs, usually offered within the antenatal care system, have traditionally focused on expectant mothers; however, during the past decades, the focus in many countries has been extended to include expectant fathers (Chalmers, Mangiaterra, & Porter, 2001; World Health Organization, 2004). This approach is in line with the World Health Organization's recommendation based on the importance of encouraging both women and their partners to take

equal responsibility for their child even before the child is born (Morse, Buist, & Durkin, 2000).

The transition to parenthood includes a radical change in the lives of both women and men, requiring them to make significant adjustments, and the need for dealing with this change becomes apparent during pregnancy when the couples need

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to understand that this change will affect them from then on (Ahlborg, Persson, & Hallberg, 2005; Matthey, Kavanagh, Howie, Barnett, & Charles, 2004). The experience of parenthood may not always be in accordance with the expectations of the future parents, which is why it is essential to study the impact of factors such as gender roles, relationship quality, and dyadic satisfactions on expectant parents' expectations, even during pregnancy (Matthey et al., 2002; Morse et al., 2000). Previous research has focused mainly on women's transition to motherhood (Mercer, 2006; Nelson, 2003). However, in the past decade, men's transition to fatherhood and paternal involvement with the child has gained increasing interest (Condon, Boyce, & Corkindale, 2004; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). Some researchers have concluded that antenatal care programs and parenthood education classes (PECs) need to give more attention to men's knowledge about pregnancy and childbirth (Boyce, Condon, Barton, & Corkindale, 2007; Condon et al., 2004; Fagerskiöld, 2008). If antenatal PEC can help men make the transition to fatherhood, it can be expected to benefit not only the man but also his partner and their infant (Buist, Morse, & Durkin, 2003). The transition to parenthood is complex and may also be affected by age, educational level, and professional status in addition to the aforementioned factors of gender roles, relationship quality, and dyadic satisfactions (Halford, Petch, & Creedy, 2010).

Although antenatal education programs are well established in many countries, the impact of such classes has not been subject to thorough scrutiny, according to a Cochrane Library review of antenatal PEC programs offered throughout the world (Gagnon & Sandall, 2007). This review states that the effect of antenatal PEC on the overall acquisition of knowledge and on the parents' ability to care for infants and to make psychological and social adjustments in the transition to parenthood is still largely unknown (Gagnon & Sandall). Recently published Swedish studies have concluded that participation in antenatal PECs do not seem to affect the first-time mother's experience of childbirth and her understanding of the skills needed to be a parent (Bergström, Kieler, & Waldenström, 2009; Fabian, Rådestad, & Waldenström, 2005). In contrast with these findings, a randomized controlled trial from Australia found that an antenatal education program focusing on parenting improved maternal self-efficacy and parenting knowledge (Svensson, Barclay, & Cooke, 2009).

Both the organization and the actual performance of antenatal PECs in Sweden have been carefully surveyed (The Swedish Society of Obstetrics and Gynecology [SFOG], 2008). Obstetricians' and midwives' conceptions of PECs and their time spent on providing antenatal PECs have been investigated, and the costs of conducting PECs have been calculated (Ahldén, Goransson, Josefsson, & Alehagen, 2008; Bremberg, 2006; SFOG, 2008). However, none of these studies examined what the expectant parents believe they will get from taking part in antenatal PECs before they actually start the classes.

Expectations and motivation are strong factors that influence the learning process (Knowles, Holton, & Swanson, 1998; Marton & Booth, 1997). Therefore, a better understanding of what future parents expect they will get from antenatal PECs is needed for developing a useful program of antenatal education. Knowledge about future parents' expectations is also a necessary prerequisite for identifying variables that can be used in the evaluation of antenatal PECs. Hence, the aim of this study was to investigate the expectations of future parents who choose to participate in antenatal PECs. A secondary aim was to determine how the parents' expectations might be related to gender, age, and educational level.

## METHODS

All pregnant women and their partners who attended the first session of PECs at antenatal care clinics in three cities located in southeastern Sweden were invited to participate in our descriptive cross-sectional study. The communities and their catchment areas have a population of around 500,000 people. These communities include major industrial and high technological and educational enterprises as well as farming areas. Study enrollment took place between February and December 2005. The inclusion criteria were the ability to understand Swedish and being 18 years of age or older. Out of 1,227 consecutively registered pregnant women who attended the antenatal PECs, seven individuals did not meet the inclusion criteria. A total of 1,220 eligible pregnant women and their partners were invited to participate, and 1,117 women (92%) and 1,019 partners gave informed consent to participate in the study.

We developed a structured 10-item questionnaire to collect data for this study. The items were based on the Swedish National Guidelines of Public Health (Swedish National Institute of Public Health, 2003), the Intention of Performance of the Swedish

PEC (SFOG, 2008), and the results from two studies: a pilot study of nine couples who had participated in antenatal PECs and a study that focused on perceptions of antenatal PECs among midwives and obstetricians in charge of antenatal care programs (Ahldén et al., 2008).

The questionnaire was tested for face validity and acceptability in a sample of nine couples and in a group of 10 antenatal PEC-midwives, which resulted in minor revisions. The 10-item questionnaire has a four-level descriptive scale. Three items focus on parents' expectations concerning childbirth, parenthood, and participation in antenatal PECs and can be answered with the following alternatives: *very negative*, *fairly negative*, *very positive*, and *fairly positive*. Seven items concern the expectant parents' reasons for participating in PECs and comprise the following response alternatives: *I disagree*, *I partly disagree*, *I somewhat agree*, and *I fully agree*. In addition, there are questions about sociodemographic characteristics.

At the beginning of the first session of the PEC, the participants received verbal and written information about the study. In addition, they were informed about the option of withdrawing from the study at any time without giving any reason, and they were assured that all information would be handled confidentially. Written consent was then obtained from each participant. The questionnaires were completed individually and thereafter placed in an unmarked envelope. These envelopes were then sent to the study coordinator. The study was approved by the regional ethical review board in Linköping, No. 43-05.

### Statistical Analysis

The four response alternatives of the questionnaire were dichotomized as *negative* or *positive* and *disagree* or *agree* in order to avoid too small numbers in the cells. The original five levels of education were dichotomized to two variables: individuals having a high school degree or less (less than or equal to 12 years) and individuals with college/university experience (more than or equal to 13 years). Group differences were estimated with the chi-square test on sociodemographic variables and the Student's *t* test on continuous variables.

The chi-square test was used to test for differences in the parents' PEC expectations and reasons for participating in PECs with regards to gender, age, and educational level. Data were also analyzed

by means of logistic regression analysis, with age, gender, and education identified as independent categorical variables and with each question concerning the expectations and reasons for participating identified as dependent variables in order to simultaneously adjust for the three background characteristics. Because there were no substantial differences between these additional analyses and the chi-square analyses, only the chi-square values are presented here. Statistical significance was defined as two-sided *p* values using a significance level of 5%.

The statistical analyses were performed using the Statistical Package for Social Sciences software version 14.0 for Windows (SPSS Inc., Chicago, IL, USA).

### RESULTS

The sociodemographic variables of gender, age, and educational level are presented in Table 1. Most of the participants were married or cohabiting, and less than 1% were single or noncohabitant. The participants included first-time parents, current parents, and "mixed couples" in which either the woman or the man was a first-time expectant parent. All the participating partners were male. The distribution of age in our sample corresponds with the national mean age of women who had given birth during the period of the study (Swedish National Board of Health and Welfare, 2005).

More than 90% of the participants had positive expectations about participating in antenatal PECs. Women were more positive than men (96% vs. 92%,  $p < .001$ ) in their expectations. Men were more positive about the childbirth than women (92% vs. 87%,  $p < .001$ ). Expectant parents who were older ( $p = 0.019$ ) and had a higher educational level

TABLE 1  
Sociodemographic Variables of the Study Participants

Variables	Women	Men	<i>p</i>
Age (in years <sup>a</sup> )	Mean ( <i>SD</i> )	Mean ( <i>SD</i> )	
	29 (5)	31 (5)	<.001
	<i>n</i> (%)	<i>n</i> (%)	
Highest educational level <sup>b</sup>			
High school degree or less ( $\leq 12$ years)	560 (50)	626 (62)	<.001
College/university ( $\geq 13$ years)	533 (50)	384 (38)	

<sup>a</sup>Student's *t* test.

<sup>b</sup>Chi-square test.

( $p < .001$ ) had more negative expectations about childbirth.

The reasons for participating in antenatal PECs are shown in Table 2. Most women (91%) and men (90%) agreed that participating in antenatal PECs would help them feel more secure as parents, and 86% of the participants thought that PECs would help them feel more secure in taking care of their newborn child. More women than men agreed that the PECs would help them to reduce their fear of childbirth (80% vs. 75%,  $p = .006$ ), as did younger participants compared with older ones (18–24 years old, 82%; 35–50 years old, 73%,  $p < .032$ ). Participants with a lower educational level were also more convinced that the antenatal PECs would help them reduce their fear of childbirth (less than or equal to 12 years, 80%; more than or equal to 13 years, 74%,  $p = .002$ ). Men agreed to a higher degree than women that they participated in the PECs because they were expected to take part in parental training (52% vs. 41%,  $p < .001$ ). Compared to women, men

more often agreed with the statement that the PECs could positively affect a couple's relationship (73% vs. 67%,  $p = .001$ ). More expectant parents with less than or equal to 12 years of education thought that participating in antenatal PECs could positively affect their relationship with their partner (less than or equal to 12 years, 73%; more than or equal to 13 years, 66%,  $p < .001$ ).

The top two reasons that both the women and the men gave for participating in antenatal PECs was that it would help them feel more secure as a parent and more secure in taking care of their newborn. A ranking model is presented in Table 3 in order to elucidate similarities and differences between the expectant parents' reasons for participating in PECs (Table 3).

## DISCUSSION

Our descriptive cross-sectional study investigated women's and men's expectations about and reasons for participating in antenatal PECs. We chose

**TABLE 2**  
**Reasons for Participating in the Antenatal Parenthood Education Classes**

	Gender			Age Range (in Years)				Educational Level		
	Female <i>n</i> (%)	Male <i>n</i> (%)	<i>p</i> *	18–24 <i>n</i> (%)	25–34 <i>n</i> (%)	35–50 <i>n</i> (%)	<i>p</i> *	≤12 Years <i>n</i> (%)	≥13 Years <i>n</i> (%)	<i>p</i> *
<i>I participate because:</i>										
<i>I want to meet other expectant parents.</i>										
Disagree	187 (17)	295 (29)	<.001	48 (18)	332 (22)	83 (26)	.078	249 (21)	230 (25)	.072
Agree	922 (83)	708 (71)		217 (82)	1,146 (78)	237 (74)		922 (79)	706 (75)	
<i>It will help me to feel more secure as a parent.</i>										
Disagree	97 (9)	104 (10)	.213	21 (8)	146 (10)	31 (10)	.601	99 (8)	101 (11)	.061
Agree	1,015 (91)	905 (90)		246 (92)	1,340 (90)	288 (90)		1,081 (92)	835 (89)	
<i>It will decrease my fear of childbirth.</i>										
Disagree	225 (20)	254 (25)	.006	48 (18)	334 (23)	87 (27)	.032	237 (20)	241 (26)	.002
Agree	887 (80)	752 (75)		218 (82)	1,147 (77)	234 (73)		939 (80)	695 (74)	
<i>It will help me feel more secure in taking care of the newborn.</i>										
Disagree	146 (13)	143 (14)	.478	35 (13)	199 (13)	49 (15)	.643	154 (13)	134 (14)	.412
Agree	965 (87)	864 (86)		232 (87)	1,284 (87)	271 (85)		1,023 (87)	802 (86)	
<i>It is expected that parents-to-be will take part in antenatal parenthood education classes.</i>										
Disagree	656 (59)	478 (48)	<.001	150 (57)	799 (54)	162 (51)	.343	611 (52)	521 (56)	.092
Agree	453 (41)	527 (52)		114 (43)	684 (46)	157 (49)		563 (48)	414 (44)	
<i>It will help me to manage childbirth better.</i>										
Disagree	148 (13)	149 (15)	.320	37 (14)	203 (14)	49 (15)	.750	170 (14)	125 (13)	.462
Agree	964 (87)	857 (85)		230 (86)	1,279 (86)	271 (85)		1,006 (86)	812 (87)	
<i>It can positively affect my relationship with my partner.</i>										
Disagree	370 (33)	271 (27)	.001	82 (31)	451 (30)	96 (30)	.982	317 (27)	321 (34)	<.001
Agree	737 (67)	738 (73)		184 (69)	1,030 (70)	223 (70)		860 (73)	612 (66)	

\*Chi-square test

**TABLE 3**  
**Ranking of Reasons to Participate in Antenatal Parenthood Education Classes**

Reasons	Women % (Ranking)	Men % (Ranking)
I think that it will help me to feel more secure as a parent.	91 (1)	90 (1)
I think that it will help me feel more secure in taking care of the newborn.	87 (2)	86 (2)
I think that it will make me better able to manage the childbirth.	87 (2)	85 (3)
I want to meet other expectant parents.	83 (3)	71 (6)
I think that it will decrease my fear of childbirth.	80 (4)	75 (4)
I think it can provide support to a couple's relationship.	67 (5)	73 (5)
It is expected that parents-to-be will take part in antenatal parenthood education classes.	41 (6)	52 (7)

a quantitative method in order to collect data from a large population. The results indicate that there is consensus among expectant parents about some aspects of participating, despite differences in age, gender, and educational level. We found that parents are overwhelmingly positive about participating in antenatal PECs, which might indicate that this activity meets the needs of prospective parents. It is worth noting that the participation rate in this study was high (greater than 90%), which adds to the reliability of the study.

Most of the women and men reported high expectations about the experience of childbirth and becoming parents, with no gender-related differences apparent in their expectations. Younger participants were more positive in their expectations than older participants. Similarly, participants with a lower educational level were more positive than participants with a higher level of education. These differences might be explained by the fact that the older participants, who also had a higher level of education, might have developed a more critical way of thinking.

Birth is but one day in a life, whereas parenthood is an experience for an entire life; understanding this notion may explain why the highest ranked reason for participating in antenatal PECs, among both men and women, was to feel more secure as a parent. From a historical perspective, antenatal PECs have focused on preparation for childbirth because of a belief that the childbirth experience is the main interest among parents-to-be. However,

studies indicate that during the period of pregnancy, women and men have already reached beyond the childbirth and embraced the transition to parenthood (Deave, Johnson, & Ingram, 2008; Matthey et al., 2002).

In this study, the statement “to be better able to manage the childbirth” was highly ranked among both women and men as a reason for participating in antenatal PECs. The statement “to feel more secure in taking care of the newborn” was also highly ranked. In a previous study of fathers’ experiences of childbirth education, preparation for the childbirth itself was considered essential as well as physical training and providing men with techniques for supporting the woman during labor (Premberg & Lundgren, 2006).

In this study, we found that more men than women thought that the antenatal PECs could support the relationship with their partner. In a study from the United Kingdom, researchers found that first-time mothers and their partners would have liked more knowledge about relationship changes and their partner’s perspective (Deave et al., 2008).

Eight percent of the men in this study participated in the PEC program despite negative expectations. Similar results have been found in prior studies (Condon et al., 2004; Hallgren, Kihlgren, Forslin, & Norberg, 1999). A potential source of stress for expectant fathers is a lack of congruence within the couple concerning their expectations about support and assistance during pregnancy and childbirth (Boyce et al., 2007). Hence, the fact that both the woman and the man participate in the PECs might facilitate the man’s engagement and transition to fatherhood.

Identifying individuals with a fear of childbirth was not one of the aims of this study. However, we did want to learn whether or not antenatal PECs were expected to help a parent deal with a fear of childbirth. We found that more women than men agreed with the statement that antenatal PECs would help them to reduce their fear of childbirth, as did younger participants, compared with older participants and participants with a lower educational level. Experiencing fear of childbirth represents a significant burden for both parents (Eriksson, Jansson, & Hamberg, 2006).

A potential source of stress for expectant fathers is a lack of congruence within the couple concerning their expectations about support and assistance during pregnancy and childbirth.



Our study's results show that parents who fear childbirth and require specific needs to address their fears do participate in antenatal PECs, which makes them approachable for childbirth preparation.

This study elucidates expectant parents' reasons for participating in antenatal PECs and highlights the importance of developing classes suitable for women and men of different ages and educational levels. The study focused on parents who participated in antenatal PECs; however, nonparticipating parents are also a concern. Findings from a previous Swedish study demonstrated that factors such as being unemployed and having a native language other than Swedish, a low level of education, and negative expectations of childbirth are associated with nonattendance in antenatal PECs among pregnant women (Fabian, Rådestad, & Waldenström, 2004). When interpreting the results of our study, it is important to consider the absence of non-Swedish-speaking participants, which was a limitation of our investigation.

This study does not contribute to answering the question that Jaddoe (2009) similarly posed: Do antenatal PECs work? However, our findings do provide a better understanding of why expectant parents choose to participate in antenatal PECs.

## CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The main concerns of the expectant parents in this study were to prepare for parenthood and to feel more secure in taking care of their newborn, followed by the need to prepare for childbirth. Data from this study demonstrate that gender, age, and educational level have an impact on expectant parents' motives for participating in antenatal PECs.

This study's results indicate a need for improvement in antenatal classes in order to make classes more attractive and to meet the requirements of today's expectant parents. Providing an increased focus on preparation for parenthood seems to be what expectant parents want most from classes.

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